

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

Civil Action No.:
1:25-CV-11048-ADB

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

Brooke L. Rollins
Secretary of Agriculture
1400 Independence Ave., SW, Whitten Bldg.
Washington, DC 20250

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) —— or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) —— you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky
LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



Civil Action No.: 1:25-CV-11048-ADB

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____

was received by me on (date) _____.

I personally served the summons on the individual at (place) _____
on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____
, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

I returned the summons unexecuted because _____; or

Other (specify) : I served summons and amended complaint on 5/27/2025 via certified mail,
receipts attached hereto.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

5/27/2025

Date


Server's Signature

Marc K. Duffy

Printed name and title

800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

CERTIFIED MAIL

ROPE & GRAY LLP
PRUDENTIAL TOWER
800 BOYLSTON STREET
BOSTON, MA 02199-3600



7021 0950 0001 8566 9151
7021 0950 0001 8566 9151

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

*Domestic Mail Only*For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Brooke L. Rollins
Secretary of Agriculture
1400 Independence Ave., SW, Whitten
Bldg.
Washington, DC 20250

Street and

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Brooke L. Rollins
 Secretary of Agriculture
 1400 Independence Ave., SW, Whitten
 Bldg.
 Washington, DC 20250



9590 9402 7454 2055 6224 60

2. Article Number (*Transfer from service label*)

7021 0950 0001 8566 9151

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Red Mail
 Red Mail Restricted Delivery
 (or \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

ROPE & GRAY

FILE
HC-945
53468
EMPLOYEE NUMBER

Brooke L. Rollins
Secretary of Agriculture
1400 Independence Ave., SW, Whitten Bldg.
Washington, DC 20250

**CERTIFIED MAIL /
RETURN RECEIPT REQUESTED**

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

Civil Action No.:
1:25-CV-11048-ADB

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

U.S. Department of Agriculture
1400 Independence Ave., SW, Whitten Bldg.
Washington, DC 20250

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky
LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



Civil Action No.: 1:25-CV-11048-ADB

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

I personally served the summons on the individual at (place) _____

on (date) _____ ; or

I left the summons at the individual's residence or usual place of abode with (name) _____

, a person of suitable age and discretion who resides there,
on (date) _____ , and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____ , who is
designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____ ; or

I returned the summons unexecuted because _____ ; or

Other (specify) : I served summons and amended complaint on 5/27/2025 via certified mail,
receipts attached hereto.

My fees are \$ for travel and \$ for services, for a total of \$.

I declare under penalty of perjury that this information is true.

5/27/2025

Date

marc k duff

Server's Signature

Marc K. Duffy

Printed name and title

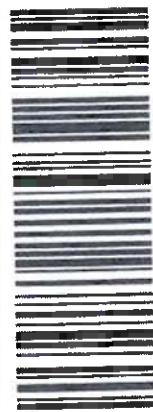
800 Boylston Street, Boston,, MA 02199

Server's Address

Additional information regarding attempted service, etc:

ROPE & GRAY LLP
PRUDENTIAL TOWER
800 BOYLSTON STREET
BOSTON, MA 02199-3600

OF THE HIGHEST BUSINESS STANDARDS
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7021 0950 0001 8566 9175

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, and list as appropriate)	
<input type="checkbox"/> Return Receipt (Priority)	\$
<input type="checkbox"/> Return Receipt (Standard)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage U.S. Department of Agriculture

\$ Tot 1400 Independence Ave., SW, Whitten
Bldg.
Washington, DC 20250

Sir:
Clerk:

PS Form 3800, April 2015 PSN 7530-02-000-5047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
U.S. Department of Agriculture
1400 Independence Ave., SW, Whitten
Bldg.
Washington, DC 20250



9590 9402 7454 2055 6224 46

2. Article Number (*Transfer from service label*)

7021 0950 0001 8566 9175

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

Civil Action No.:
1:25-CV-11048-ADB

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Scott Turner
Secretary of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky
LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001

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ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



Civil Action No.: 1:25-CV-11048-ADB

PROOF OF SERVICE

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was received by me on (date) _____.

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on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____
, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

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designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

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receipts attached hereto.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

5/27/2025

Date


Server's Signature

Marc K. Duffy

Printed name and title

800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

ROPE & GRAY LLP
PRUDENTIAL TOWER
800 BOYLSTON STREET
BOSTON, MA 02199-3600



7021 0950 0001 8566 9168
7021 0950 0001 8566 9168

**U.S. Postal Service™
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For delivery information, visit our website at www.usps.com.
OFFICIAL USE

Certified Mail Fee	
\$	0
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (Handcopy)	\$ _____
<input type="checkbox"/> Return Receipt (Electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	0
Total	0
Street	Scott Turner Secretary of Housing and Urban Development 451 Seventh Street, S.W. Washington, DC 20410
City:	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Scott Turner
Secretary of Housing and Urban
Development
451 Seventh Street, S.W.
Washington, DC 20410

2. Article Number (Transfer from service label)
9590 9402 7454 2055 6224 53
7021 0950 0001 8566 9168

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery over \$500	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

ROPE & GRAY

53468
EMPLOYEE NUMBER
FILE
HC-945

Scott Turner
Secretary of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

Civil Action No.:
1:25-CV-11048-ADB

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

The Associate General Counsel for Litigation
Office of Litigation
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

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Steven Paul Lehotsky
LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001

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ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



Civil Action No.: 1:25-CV-11048-ADB

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on (date) _____; or

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on (date) _____, and mailed a copy to the individual's last known address; or

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on (date) _____; or

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receipts attached hereto.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

5/27/2025

Date



Server's Signature

Marc K. Duffy

Printed name and title

800 Boylston Street, Boston,, MA 02199

Server's Address

Additional information regarding attempted service, etc:

**ROPEs
& GRAY**

FILE
HC-945
EMPLOYEE NUMBER
53468

The Associate General Counsel for Litigation
Office of Litigation
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com*

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	\$
Total F	\$
Sent To:	The Associate General Counsel for Litigation Office of Litigation U.S. Department of Housing and Urban Development 451 Seventh Street, S.W.
Street:	Washington, DC 20410
City, S:	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
The Associate General Counsel for Litigation
Office of Litigation
U.S. Department of Housing and Urban
Development
451 Seventh Street, S.W.
Washington, DC 20410



9590 9402 7454 2055 6224 77

2. Article Number (*Transfer from service label*)
7021 0950 0001 8566 9144

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (\$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery